Author(s): Dinsdale, Hywell., Robinson, Sharon.
Article Title: An Evaluation of Newham Community Health Services NHS Trust, Bilingual Co-Workers Project
Year of publication: 2001
Citation: Dinsdale, H., Robinson, S. (2001) 'An Evaluation of Newham Community Health Services NHS Trust, Bilingual Co-Workers Project' CIS Commentary No 99, London: Centre for Institutional Studies, University of East London.
ISBN: 1-902494-09-1

Commentary Series

AN EVALUATION OF NEWHAM COMMUNITY HEALTH SERVICES NHS TRUST, BILINGUAL CO-WORKERS PROJECT

Hywell Dinsdale and Sharon Robinson

University of East London

An Evaluation of Newham Community Health Services NHS Trust, Bilingual Co-Workers Project

Hywell Dinsdale and Sharon Robinson

Centre for Institutional Studies
University of East London

December 2001

Published as CIS Commentary No 99

ISBN 1-902494-09-1

THE CENTRE FOR INSTITUTIONAL STUDIES

The Centre for Institutional Studies (CIS) is a research unit, which was established in 1970. The Centre undertakes studies of public policy and public institutions. Its distinctive approach is to identify the problems to which new policy is seen as a solution, and assess the capacity of the institutions to put new policies into practice. The Centre's name and its approach is derived from the work of Sir Karl Popper and others, and, in developing this approach the Centre is unique in this country.

The Centre has completed a range of studies in the fields of education, voluntary organisations, local government, local government finance, and other public services. Current work is focused on the voluntary sector and urban regeneration.

URBAN REGENERATION EVALUATION TEAM

The Centre's urban regeneration evaluation team has a number of current research projects including the monitoring of evaluation of three Single Regeneration Budget Programmes in East London, and the assessment of some crime prevention and community safety projects. Alice Sampson heads the team. Hywell Dinsdale, Afsia Khanom, Emma Ahmad, Rahila Ahmed, Sharon Robinson are research fellows working on a variety of projects. The report has been written by Hywell Dinsdale and Sharon Robinson.

ACKNOWLEDGEMENTS

We wish to thank all those who assisted with the research and in particular the service users, bi-lingual co-workers and health professionals involved in implementing the project. We would like to thank Sonia Harding, Gillian Seabright and Alina Lubinska.

EXECUTIVE SUMMARY

This evaluation has been conducted by the Urban Regeneration Evaluation Research team at the Centre for Institutional Studies (CIS), University of East London (UEL). The study was commissioned by the Fit for Work Single Regeneration Budget (SRB) Partnership to undertake an independent assessment of the Bilingual Support Workers Project in the London Borough of Newham.

The project has two aims:

- to improve access to health jobs by recruitment and training of local people from black and minority ethnic communities to become bilingual co-workers within Newham Community Health Services NHS Trust.

- to improve access to health care services to those minority ethnic communities who may prefer to communicate in their own community language.

The Bilingual Support Workers Project

This is achieved by employing bilingual local people to work alongside existing health staff and to liase with service users. The role of these bilingual support-workers includes both translation and regular healthcare duties, and whilst on the scheme the SRB and healthcare trust pay for health-related training to enable the co-workers to move upwards into more senior positions within the health services.

It is hoped the new workers will act as a catalyst for change in the working practice of the community trust. In this way the trust can provide a more culturally sensitive service, and healthcare can be made more accessible to the minority ethnic communities.

Language barriers to accessing healthcare

Language barriers have been shown to be a major obstacle to access to health care for people from ethnic minority groups. Newham has one of the highest levels of ethnic diversity in the country, and so this problem is particularly acute for this area. Research has found that by employing people from the local community who are familiar with the language, culture and religion is by far the most effective way to bridge the gaps between local communities and health services (Fortier 1997).

The idea of using bilingual co-workers to solve this problem is not a new one. Newham's Speech and Language Therapy department has used co-workers for the past ten years. The Bilingual Support Workers Project has been operating for two years now, and sought to extend this provision to the rest of Newham's healthcare services.

Evaluation

In order to evaluate the impact of this project the researchers have drawn on literature on language services, information on the SRB programme, minutes of meetings, interviews with twenty-six people, and observations of and participation in a conference 'Health Across Cultures' organised by the project. The fieldwork for the evaluation was carried out during 2000.

Findings

The evaluation has looked at all stages of the project, from recruitment through to the current working practices after two years experience.

Recruitment of Co-workers

Initially health departments were invited to bid for the chance to host co-workers. Seven departments were selected, and these interviewed their own co-workers from a pool of candidates.

Unfortunately inadequate numbers of co-workers were recruited, with only eleven recruits being taken on, from an initial target of 50. It is possible that the salary offered to co-workers may have hindered the recruitment process. Most co-workers and some health professionals felt this was too low, and so this may have impacted on the calibre of applications received.

Recruits were also found to have fairly high levels of training, and a number were found to live outside the local area. The project did not meet its aims for local recruitment of people at low-skill levels, and thus improved access to health jobs for this group. This is likely to be linked to the overall shortage of suitable applicants.

Impact for service users

Although this reduction in recruitment will have drastically reduced the scale of the proposed project impact, the findings of the evaluation support the theory that bilingual co-workers can be a useful tool for the delivery of health services. Many positive comments from service users, health professionals and the co-workers themselves show that service users appreciate communicating with someone who shares their cultural background, and that through working with a co-worker a better quality service can be delivered.

Impacts for health departments

Comments from health professionals also reveal that the health departments have also benefited from working alongside the co-workers. It appears that in the majority of cases the department has begun to learn from the experience, primarily by an increased awareness of the cultural dimensions of health.

Areas for improvement and recommendations

Despite these benefits, a number of areas for improvement were highlighted through the feedback:

- It appears that some of the host health professionals could have benefited from more training. This could have covered the role and purpose of the co-worker, integrating the co-worker into the team, and ways of working with the support worker.

- In turn support-workers would have benefited from a fuller induction, more support and supervision, and initial health training into the work of the host department.

- The extent to which departments fully utilised the co-workers varied. Whilst some took the role on board and used the co-workers as intended, in other departments it appears that the co-worker was used as primarily a translator or nurse. A full job-description for co-workers, which applies to posts in all departments may be one solution to this problem.

- Co-workers found some hostility from regular staff, and had some difficulty fitting into health teams. Different health professionals tended to use the co-workers in different ways, and so there appears to be a need to educate existing team members about the role of the co-worker and how to work with them effectively.

- The part-time nature of many co-worker posts was thought to cause problems for co-workers who did not feel they had the status of full-time team members. Part-time hours also create problems for service users as it makes the bilingual provision somewhat erratic. It is recommended that any future posts of this nature are made on a full-time basis, unless the host department has reasons for doing otherwise.

- Not all co-workers were currently undertaking health training. If the scheme is to push minority groups up into the higher levels of the health service, it is important that they are encouraged to take the free training offered by this project.

Although it does have an impact for those service users who use the service, the project will be unable to change the face of health care provision in Newham without additional help. Firstly more co-workers would be required, implemented taking account of the recommendations above, but secondly there needs to be a programme of education or raising awareness for all health staff, as to ways to provide a more culturally sensitive service.

Co-workers can provide a model for culturally sensitive working, extra knowledge and experience and also translation skills, but unless health professionals are aware that changes must be made, and are willing to learn new ways of working, the provision of healthcare will not be made more culturally sensitive by this project.

CONTENTS

INTRODUCTION

The Urban Regeneration Evaluation Research team at the Centre for Institutional Studies (CIS), University of East London (UEL) was commissioned by the Fit for Work Single Regeneration Budget (SRB) Partnership in May 2000 to undertake an independent assessment of the Bilingual Support Workers Project in the London Borough of Newham.

For the purpose of this evaluation the terms co-worker and support worker have been used interchangeably, in line with their use in the project literature.

The bilingual co-workers receive funding from the Fit for Work SRB programme and the Newham Community Health Services NHS Trust. The project falls within Strategic Objective S07 of the SRB programme, to enhance the quality of life for local people. It has two aims:

- to improve access to health jobs by recruitment and training of local people from black and minority ethnic communities to become bilingual co-workers within Newham Community Health Services NHS Trust.

- to improve access to health care services to those minority ethnic communities who may prefer to communicate in their own community language.

This is an innovative and ambitious project which also aims to act as a catalyst for change in the routine working practices of a large and diverse organisation through the introduction of new workers into the community healthcare trust. This change could make services more accessible to members of local minority ethnic communities after the lifetime of the project itself.

The research findings discussed in this report are drawn from literature on language services, information on the SRB programme, minutes of meetings, interviews with twenty-six people, and observations of and participation in a conference 'Health Across Cultures' organised by the project. The report outlines the context within which the project takes place and describes the findings.

BILINGUAL CO-WORKING PROJECT: THE CONTEXT

The need for the bilingual co-workers project arose from recognition that:

- some minority ethnic communities found it difficult to access health services and were reluctant to use health services.

- the quality of health services provided to minority ethnic communities was not to the same standard as that received by the majority group.

The consequences of these shortcomings have been well documented and unsurprisingly demonstrate that the health and the overall well being of minority ethnic groups are adversely affected (Karseras and Hopkins 1987; Johnston 1993).

This situation has arisen for a number of reasons. Research has shown that language barriers, racism, socio-economic factors, and the geographical area in which you live can influence access to adequate health care (Rahman et al 2000). Minority ethnic communities are more likely to live in the poorest areas, to be unemployed and have a tendency to under-utilise those health services that are available to them. As a result, local minority ethnic communities have poorer health compared to that of non-minority groups (Social Exclusion Unit, 2000). The health trust is however trying to redress the balance by improving access to health services for the local minority ethnic groups.

Language barriers

Language can cause a communication barrier, which is a problem for both health service providers and service users. It can create delays in making appointments and this can lead to service users as well as health staff becoming frustrated and confused. Misunderstandings can also occur, sometimes resulting in inaccurate diagnosis of medical problems, increased response times or inappropriate treatment (Fortier 1997). Research has shown that language and communication barriers have been the most notable obstacles for some minority ethnic groups obtaining health information (Lee et al 1998). This is thought to apply particularly to older people, refugees and asylum seekers (Alexander 1999). The government white paper 'Our Healthier Nation' (1999) has highlighted the importance of improving the health of people in Britain by promoting the local delivery of good health care practice.

This agenda aims to ensure that health services are accessible to the local community by providing adequate language support to those who prefer to communicate in their first language. Research has found that by employing people from the local community who are familiar with the language, culture and religion is by far the most effective way to bridge the gaps between local communities and health services (Fortier 1997).

In the past policy makers and service providers took the 'colour blind' approach and assumed that minority ethnic service users would be assimilated into existing health care service deliveries. This assumption however eventually gave way to a more culturally sensitive approach and it is now accepted that health care services need to be aware of the needs of the diverse ethnic minority communities (CRE 1997). To provide a culturally sensitive service it is important that professional staff recognise the different ways in which people from different backgrounds may behave and respond in a given situation (CRE 1992).

There are a numbers of projects similar to the bilingual co-workers projects already in existence in the UK. Within Newham Community Health Services the Speech and Language Therapists Department have delivered a bilingual service for the past ten years.

The London Borough of Newham

Newham is one the most ethnically diverse boroughs in London and it has been estimated that in 2000 53 per cent of the population were from minority ethnic groups (LRC/GLA 1999). It is diverse in culture, religion and language; there are about 117 different languages that are currently spoken in the borough (Language Literacy Department Service 2001).

This level of diversity is not represented within local health services. Recent research has found that only 35 per cent of the Community Health Service Trust staff were from an ethnic minority community (Commission for Racial Equality 2000).

During our fieldwork we came across some examples of the type of difficulties being experienced by some minority ethnic people:

> *There has been an incident recently where a service user had been referred to a clinic and was told by the referring GP that an interpreter would be available. On her arrival at the clinic an interpreter was not available. The receptionist refused to interpret on behalf of the service user, as she did not see it as her role. On this occasion the service user came away unsure if the doctor had understood what her concerns were.*
>
> *There was another incident where hospital staff told a service user at one of the NHS Trust hospitals that her operation would not be performed unless the service user provided her own interpreter.*
>
> *Another example of unmet need in minority ethnic communities is the experience of a mother who has to take her 14 year old daughter out of school to act as an interpreter when she has hospital appointments.*
>
> *A final example of a fairly recent problem faced by the borough was that of an asylum seeker whose language need could not be identified by health services staff or other organisations within the borough. As a result this asylum seeker was unable to access primary health services.*

Studies have shown that the children are often absent from school to interpret and mediate with health staff for members of the family who have difficulty in communicating in English due to the limited capability of the health services to meet the language and cultural needs of the minority ethnic communities. This causes particular difficulties; adults can be reluctant to discuss their health problems in the presence of a child, whilst in others the family may choose to be open about the illness which may cause the child some distress (Chu 1999, Rack 1982).

The project

The Bilingual Support Workers Project recognises that in Newham there are particular difficulties with respect to delivering quality services to minority ethnic people whose preferred language is not English. The project aims to employ people with expertise in different languages, cultures, and religions to work alongside health staff to assist them in delivering a more culturally sensitive service and to create a better understanding of providing a multi-cultural, multi-ethnic health service. By introducing bilingual co-workers into community health services the aim is to bring about changes in working practices within the local health service.

It should be noted that the project was established as a short term measure to stimulate recruitment from local ethnic minority community groups. It was envisaged that in time, assisted by the experience of working with the bilingual support workers, there would be an increase in recruitment from these groups. Health professionals would look more locally in their recruitment, and more local people, motivated by seeing co-workers from their ethnic group, would begin to move towards careers in the health service. If these effects materialise, the need for a project such as the bilingual co-workers would be reduced, with the ideal situation being one where the workforce of the community health trust closely matched the ethnic breakdown of the area.

Newham Community Health Services NHS Trust manages the Bilingual Support Workers Project. Before the project was formally implemented an initial project team was set up in 1997/1998 to discuss language needs from a health perspective and the best way to implement the project.

The Bilingual Support Workers Project was initially focussed on the language barriers to accessing healthcare. Over time the project has become more aware of its role in providing a culturally sensitive service, and the advantages of doing so in terms of health provision.

All the clinical disciplines in the Community Health Services Trust were given the opportunity to identify their own service needs and to put forward a bid. There were some disciplines that did not make a bid, Speech and Language Therapy for example already had a bilingual support service, and felt confident that their services were accessible to minority ethnic communities. Other health departments provided information on how they would make changes but did not ask for funding for example, psychotherapy services recruited a psychotherapist with bilingual skills. Other departments had their proposals rejected, as their bidding did not provide evidence of how their

department would facilitate change in working practices and make services more accessible to the local minority ethnic communities. Seven health departments were successful in their bid for SRB monies. These were:

- Child and Adolescent Mental Health
- Oral Health Promotion and Health Visiting (joint bid)
- Learning Disability
- Mental Health
- Clinical Psychology
- District Nurse

The Human Resources Department advertised the bilingual co-workers posts on behalf of each of these services, which resulted in around 250 applications.

Each health department conducted its own interviews, and successful candidates were then given language tests. Applications to the Learning Disability department were all unsuccessful in their language test and as a result a second recruitment round was necessary. Two co-workers were employed from this recruitment round. The District Nurse Department was unable to recruit even after placing two separate advertisements and therefore did not participate in the Support Workers Project.

In all, fourteen people were successful at interview and were given language tests. Eleven successfully passed this test, and of these two were already in employment within the NHS trust. Only women were recruited as co-workers.

The co-workers were recruited within the different clinical disciplines where language needs were identified and one co-worker was shared between two departments. The first recruitment of co-workers was in 1998 and by the time the evaluation had started in May 2000 three support workers had left the project. For this evaluation the researchers were able to contact nine of the eleven recruits. Two support workers were not contactable.

Initially the co-workers received contracts up until 2001, apart from two who were existing staff. Five of the new co-workers were part-time workers and four were full-time, the two existing staff were also employed full-time. Seven were employed in a multidisciplinary team in a community based setting, where they offered services to people who live in the community. Two co-workers worked in a hospital setting.

The table below gives a profile of the co-workers interviewed:

Health Disciplines	Number of co-workers	Languages	Working hours
Child and Adolescent Mental Health	3	Somali, Gujerati, Urdu, Bengali and Sylheti	Part-time
Oral Health Promotion and Health Visiting	1	Punjabi, Urdu and Hindi	Full-time
Learning Disability	2	Urdu, Punjabi, Hindi and Gujerati	Part-time
Mental Health	2	Urdu, Bengali, Creole and French	Full-time
Psychology	1 (no longer with the project)	Urdu and Punjabi	Full-time

Training

The bilingual workers were to work as co-workers within the existing staff teams. The co-workers were required to agree to a personal development plan to work towards a recognised qualification to NVQ level 2 or above in a relevant health subject. The co-workers' training courses at NVQ level would be funded with SRB money and by the Community Health Service Trust.

It has been noted that black and minority ethnic groups often have low skilled, low paid work in the health service, due in part to lack of training opportunities. This project aimed to address this problem by giving minority ethnic people the opportunity to gain work experience and to train. It was envisaged that the experience and training would enable the co-workers to gain a recognised qualification and help them to advance their chosen health career.

THE RESEARCH

Introduction

The research took place between May and August 2000, about two years after the support workers had begun work. The evaluation aimed to assess the progress made by the project towards achieving its objectives to:

- Improve access to health jobs by recruiting and training local people from black and minority ethnic communities to become bilingual co-workers within Newham Community Health Services NHS Trust.

- To improve access to health care services to those minority ethnic communities who may prefer to communicate in their own community languages.

Research Methods

At an initial meeting with the Assistant Director of Service Development the origins of the project, its aims and the best way to approach the evaluation were discussed. Researchers asked about the implementation of the project, and how this SRB initiative fits in with the Community Health Services NHS Trust's approach to make health services more accessible to minority ethnic communities.

As a result of this discussion a small-scale case study approach was adopted. Yin (1994) described a case study as an empirical inquiry that investigates a contemporary phenomenon within its real life situation. This type of approach is used in this study to shed light on decision making processes.

The various clinical disciplines were informed of the evaluation and the Assistant Director of Service Development gave the researchers contact names of those who had recruited co-workers. To establish the progress of the project and its effectiveness in service delivery, researchers arranged and carried out twenty-six face to face interviews.

Those who participated in the research were:

- Assistant Director of Service Development and SRB project co-ordinator within the NHS trust (n=2)
- Head of Oral Health (n=1)
- Health professionals (n=6)
- Speech and Language co-ordinator (n=1)
- Co-workers (n=9)
- Peer group leader (n=1)
- Service users (n=6).

Overall the interviews with the service providers took approximately one hour and about twenty to thirty minutes with service users.
The interviews with the SRB project co-ordinator aimed to ascertain their roles and their views on the progress of the project.

The purpose of the interviews with health service leaders was to establish the implementation process, organisational change and the impact of the project on its department. They also included discussions on how the project could be further improved.

The interviews with the co-workers provided researchers with insights on how their duties fitted in with the organisation and how they felt their linguistic skills had been incorporated into delivering a more accessible health service. Their views on the implementation of the project were also sought.

The interviews with the service users were designed to ascertain their views and opinions of the service being provided by the support workers.

Scope and limitations of the research

Understanding the process of the anticipated changes within the NHS trust, and understanding which factors facilitated or inhibited these was an important part of the research. To achieve this the best research design would have been to track the changes as the project developed and to explore the changing attitudes of existing staff towards working with bilingual support workers and clients. However due to funding constraints only a cross-sectional analysis was feasible, with those participating in the survey being interviewed only once, but asked about changes since the project began.

The evaluation came across some difficulty in trying to access individuals who had used the support worker service. Some health professionals did not allow researchers to have access to service users, for various reasons. One health professional said that the co-worker was no longer with the project. Another said that the co-workers would be able to identify service users yet the co-workers were unwilling to grant this access, saying the service users would not be able to communicate with researchers due to their disabilities. One health discipline did not want to take on the responsibility of allowing access to service users unless the decision had been agreed to by the ethics committee. Researchers felt that to make an application to the committee for access would only delay the report. The service users who took part in the research were from the Mental Health and Oral Health departments.

Where service users were interviewed the co-workers identified service users to the researcher, who then asked if they would like to participate in the evaluation. None of the service users who were asked refused to participate.

THE FINDINGS

This section discusses the findings from the interviews. The findings describe the issues relating to improving access to health services for ethnic communities, and assesses the capacity of the initiative to act as a catalyst for change in working practices. Implementation issues are also discussed.

The findings are laid out according to the source of data. In this way the information received from health professionals, co-workers, and service users are presented.

Opinions of the Health Professionals

Advantages of bilingual co-working

Overall the health professionals were supportive of the project, felt that the underlying concept was worthwhile, and thought that their experiences over the two years of working with co-workers had shown some real benefits in practice.

Clearly one of the major advantages for health professionals were those associated with having a permanent member of staff with one or more local community languages. This had a number of advantages for service providers. For instance many patients could now be dealt with on the phone, rather than have to wait for an appointment. This reduced waiting times for service users, and reduced waiting lists for the organisation.

Health professionals also reported advantages resulting from being able to recruit support workers with specific language skills. The languages provided by the co-workers thus reflected the languages used in the community, and some health professionals reported that this enabled them to cover a wider range of languages 'in house' than had previously been available.

One health professional reported that the co-worker had made little impact upon the way in which services were delivered. This was because the majority of the staff already spoke the same languages as the service users. In this case it seems the department missed the opportunity to recruit a co-worker who filled gaps in the languages offered by the service, and as a result did not make full use of the potential of the support worker project.

Others reported that they felt the co-worker has enabled the service to reach a broader public and to draw in other patients who previously may have had little contact with the department. One health professional reported that since the arrival of the co-worker there had been a perceived increase in referrals from minority ethnic groups, although they were not sure if this could be attributed to the bilingual co-workers project. Unfortunately this data was not available for use in this evaluation.

Another health professional commented that working with bilingual support workers enabled other workers within the team to understand common English phrases used by some ethnic groups, which would not be understood by the general population.

In addition to having these language skills to hand, many mentioned the positive effects of the cultural insight provided by the support workers. Co-workers were reported to bring different cultural perspectives to the team, such as an awareness of cultural 'do's and don'ts', which would improve relationships between service users and providers.

Co-workers, with both health training and language skills, are able to converse with service users in depth and then relate this information to the health professionals, giving a summary of the health problem within the cultural context. This level of service goes beyond that which could be provided by a translator and interpreter, who will just translate the exact conversation between the two parties. The co-workers were reported to:

'*...empower service users and carers with the ability for an individual to express the cultural perspective of their care*'.

Health advocates, who come from the community and work to a different remit, representing the community and service user, do not offer the same level of service. Health advocates are employed to give a voice to those who are not heard. They work for and are chosen by the community to bridge the gaps between service users and health staff. They represent and work only in the interest of the service user (Karseras and Hopkins 1987). Bilingual co-workers usually work for the interest of the trust, but also work to ensuring that service users are able to access appropriate services. One health professional had lost her co-worker seventeen months into her post. As a result the department now has to use health advocates, which she felt did not provide the same broad service. In this instance the health professional felt that the department had lost a valuable source of cultural understanding of a community group.

In this way the co-worker can bridge the gap between health professionals and local marginalised groups, with whom the health professionals may have little communication and share little understanding.

In many ways, working with the bilingual co-workers appears to have been a learning process for the health professionals: the organisation as a whole is starting to realise the differences in the meaning and perceptions of health across culture. Some health professionals did report that they had been aware of these differences, but had not realised the importance and impact of these on the service provided until they began to work with the co-workers.

Two of the six health professionals interviewed said that the project had brought about significant changes in the working practices in the department, that the department was able to conduct the service in a more sympathetic manner, as staff began to understand how minority ethnic communities have different interpretations of illness.

Despite these positive comments the health professionals did have some concerns about the way the service had run in the two years since recruiting co-workers.

Initial implementation issues

All health professionals reported that they felt the short time scale of the SRB process forced them into implementing the support workers project without adequate planning and training. They thought that there was too little time to write up a bid to obtain the SRB monies, and that the time between obtaining the funds and the recruitment of co-workers was insufficient. There also appears to have been some lack of clarity about who was responsible for organising the co-workers. This meant that planning the integration of co-workers into their service (both in terms of their roles and responsibilities and how they would work alongside existing staff) was somewhat rushed, and thus created problems later.

Although health professionals were responsible for the implementation of the co-workers in the early stages of the project, it may be unfair to blame them entirely for these implementation problems. It must be remembered that these professionals were trying to combine their regular work of managing the department with that of integrating the co-workers into a new and untried role. For many departments this was made more difficult as many had not worked with support-level staff before, and so were unsure as to how to integrate them into the department.

If the arrival of the co-workers into their new posts, and their integration into the team, was to run smoothly, the health professionals should perhaps be provided with assistance or training in some form. Given the pressure and stresses reported for managers working within the NHS it is perhaps unsurprising that health professionals report not being able to dedicate adequate effort to implementing the co-workers project.

There was, however, an eight-month gap between the submission of bids and the employment of the support workers. This would in principle have provided plenty of opportunity for health professionals to plan this implementation. It seems the health professionals felt they lacked experience in setting up projects and they felt that they should have been given some training in this.

The opinion has also been voiced that the health professionals may have misunderstood the direction of the project. The co-workers, once assigned to a department, were fully under the jurisdiction of that department, although the Bilingual Support Workers Project would be able to provide advice and guidance for co-working. Each department was charged with implementing the co-workers' role into their team's work and thus should have varied little from the creation of any other new post. It seems health professionals may have lost sight of the fact that they were dealing with implementing one or two co-workers, governed by an overall project, and not with actually implementing a project themselves. This misunderstanding seems to have resulted in the health professionals feeling under some pressure to implement a successful scheme, whereas in fact they were free to

experiment and try out new ways of working in the hope that these proved successful.

It appears that there could have been more initial support provided for both the health professionals and co-workers. In this absence it seems that there was some lack of ownership of the project in the early months, and thus responsibilities to ensure that the co-workers were properly integrated into the service became confused.

During the interviews it became apparent that, in the early stages of the project, some health professionals did not fully understand the aims and objectives of the project and would have appreciated more support from SRB staff and assistance from the NHS Trust. Equally, once the co-workers were recruited the managers found that they did not have time to assess their skills or to train them. As a result of this difficult and uncertain start, the health professionals said that a number of problems arose which were solved in an ad hoc way. Some examples of the initial problems included:

- a lack of clarity of the role of the co-workers. This presented some immediate problems in the way in which the health staff worked with the co-workers. This seems to have occurred despite each department's bid for funding being accompanied by a description of the co-workers role.

- co-workers being perceived as untrained unskilled and unqualified workers and only used as translators/interpreters. Where this occurred the co-workers were not fulfilling their potential to assist health staff make the service more accessible.

- some health staff being unwilling to work with the co-workers and more keen to work with health advocates.

- only a few team members valuing the service provided by the co-workers.

It was also reported that some health staff were suspicious of the co-worker's interpreting skills, despite the initial language tests, and were uncertain of the accuracy of both the information the co-workers were giving to the service users and the information they were receiving back. Research has show that this situation is not unusual and that language skills are often undervalued within a professional setting (CRE 1992).

Two health professionals said that the co-workers came to the project with high expectations but initially got very little support from other members of the health team. The health professionals said that part of the problem with embedding the project into the service was that too much focus was given to language skills and that more focus should have been given to the other skills the co-workers brought to the service including their cultural knowledge and understanding of minority ethnic service users.

Some health professionals felt that the first phase of the project should have been to test and develop the bilingual skills of existing minority ethnic staff and the second phase should have been to recruit new staff to fill any gaps identified. This proposal was discussed in the early days of the project, but was not implemented as the board was uncertain that this method would

produce the necessary results. With hindsight it may be that the project should have explored this route, and similar projects in future may be able to learn from this.

One health professional said that there were mixed reactions to the project from service users. Some had welcomed the initiative whilst others were unwilling to work with the co-workers and took offence at the assumption that they needed language assistance. This problem was overcome by health staff asking service users which language they preferred to converse in and whether they would like a bilingual co-worker, instead of assuming that they had a 'problem' with the English language. Other departments may be able to learn from this experience. The bilingual support worker should be available and offered to patients, but not forced upon them or given without first asking their opinion.

Overall many health professionals felt that this type of project needed more time and careful consideration in its initial stages. They reported that many of the problems that arose could have been rectified by more careful planning and support before the co-workers arrived at the service. These comments highlight the importance of providing this support and assistance to health professionals in the very early stages of a project. Without this the impact of a project can be severely reduced.

Recruitment of co-workers

One aim of the project was to recruit bilingual co-workers in a supportive health service role. The co-workers could then use their work experience and train at NVQ level 2 and above to acquire a recognised health qualification. It was intended that the co-workers would remain within the health service and move up the career and salary scale ladder once they had achieved their recognised health qualification.

One important aspect of the project was that it aimed to provide a route into the health service for marginalised ethnic minority groups. The project thus aimed to recruit from less well qualified groups, and in this way provide these with training and education.

There appears to be some evidence of discrepancy between this aim and the actual recruitment of co-workers. At least three of the health disciplines recruited co-workers who already had qualifications at first or second degree level, though these degrees were not necessarily health-related. Two health professionals reported that they felt their co-workers were over qualified for the type of work that they were doing, with another saying that the level and type of work the co-workers did was more suitable for school leavers.

Again a hurried implementation was seen to be the cause of these problems. Some health professionals reported that, with hindsight, more time should have been spent recruiting co-workers who truly met the aims of the project, rather than taking the first candidates who were capable of doing the job. This view was not shared by all health professionals interviewed. One said that her co-worker was employed as an assistant psychologist with bilingual skills and felt that the title fitted her duties and responsibilities well. This co-

worker had a degree, demonstrating that the educational level required from the co-workers varies from post to post.

There seems little that the project could do to address a problem such as this. Each head of department was involved in the recruited process of their own co-workers (although one of the health professionals had joined the project after the co-workers were employed), and so there was real flexibility for departments to choose support workers who met the needs of the department. Now departments have experience of recruiting and working with co-workers it can be hoped that any future recruitment would match the qualifications of co-workers to the posts available more closely.

Training of co-workers

Although induction training was given to co-workers, all the health professionals felt that the co-workers should have undergone additional initial health training in the areas in which they were expected to work. They also thought that support workers would have benefited from coaching on how to incorporate the dual demands of the project into their every day work. Health professionals felt that such training would have enabled them to respond to the co-workers' work in less of an ad hoc way.

At the time of the research the co-workers had attended basic induction training and five were on external training courses and working towards gaining a recognised qualification in their chosen health career. The courses were:

- Health promotion
- Family therapy
- Mental health
- Administration and IT skills

It was clear from the research that co-workers were at different stages and levels of achieving these qualifications. The qualifications being studied for included:

- MSc
- Diploma
- NVQ level 3

The SRB and the NHS Trust will financially support those who are working towards a qualification of NVQ level two and above, yet no SRB-derived financial support is given to those who are studying for an MSc. No co-workers had finished their training at the time of evaluation, and so the impact of these qualifications cannot be assessed.

In total just 60 per cent of the support workers were working towards a recognised qualification in a relevant health area, although the aim of the project was to train all support workers to enable them to be promoted into mainstream health jobs. Some of those who were not currently training gave

reasons, one co-worker was in the process of applying for health professional course which would lead to a degree, and another had just returned from long sickness leave and was considering training courses that would be of interest. As some health professionals reported feeling their co-workers were over qualified, this may explain the lack of training in some cases. Still, if the project is to achieve its aim of helping to launch careers in the health service for members of ethnic minority groups, co-workers should be given more encouragement to participate in training, and to make use to the opportunities available to achieve qualifications with the funding support of the SRB and the NHS trust.

Pay issues and working hours

There was a general consensus that the co-workers were poorly paid. One health professional said that the health advocates' pay was higher than that of the co-workers. Co-workers were paid £11,000 -£13,000 per annum pro-rata to the hours they work. However it should be noted that health advocates work independently and are not as closely supervised, which is possibly reflected in their pay.

Another point for consideration is that the co-workers' salary should rise when they complete their health qualification. Whether this will make a significant difference will have to be seen when the co-workers qualify.

It is probable that this low pay contributed to the project having some difficulty recruiting and retaining co-workers. Although applications came in, once sifted these left only a small pool from which to chose support-workers. It may be that increasing pay could have a strong positive effect on any future recruitment to the project, and on retention of existing co-workers.

Some professionals feared that, due to the low pay, co-workers would leave the project as soon as they had obtained their health qualification. Having achieved this with the aid of the SRB funding available, they would be able to then move onto better paid jobs elsewhere. The project must therefore balance the pay of co-workers to a level where they stay for sufficient time to justify the training expenses they incur, and to pass the benefits of this training onto the department they work in.

Other health professionals reported concern over the part-time nature of many of the co-workers. This was thought to limit the effective provision of language support, as health staff are unable to rely on the co-worker at all times, and so have to fall back on pre-existing services such as the London Borough of Newham Language Shop and health advocates.

The recruitment of the co-workers was intended to complement the health advocacy service, and service providers would thus still be able to fall back on these alternative services. Nevertheless, as discussed, health advocates do not provide the same broad service as the co-workers, and so if they are used when the bilingual co-worker is not present the same quality of care will not be delivered to all patients.

Although the part-time working hours was criticised by some health professionals, others have used this to their advantage. One department reported that by taking on two part-time co-workers rather than one full-time, they were able to cover a wider range of languages and so offer a better service than if they had taken them on full time. The recommendation here for future projects would be that departments are given the choice of part or full-time co-workers, with advice as to the advantages and disadvantages of each side, so that they can make informed choices at the recruitment stage.

The role of the co-worker

Three of the health professionals were concerned that the co-workers' position did little to empower them. They felt that the co-workers were placed in a dominant white culture, playing a marginalised role with marginalised pay, which made it difficult for them to act as a catalyst for change in the health service.

The project had intended to recruit co-workers at a level where they would play a supportive role in delivering health services and was to be used as a gateway to a professional health qualification. At least two health professionals argued that there were obvious gaps between the co-workers and other health staff. Some reported that they perceived the co-workers as unskilled workers compared to other health staff who they perceived as skilled workers. Thus more status was inferred on the health staff. This may have contributed to the way in which the co-workers often felt marginalised by other staff within the multidisciplinary team.

The intention of the Bilingual Support Worker Project was that the co-workers would be viewed as health professionals with language skills, and thus an equal and important team member. If this concept is not universally recognised by the health professionals responsible for managing the support workers, then this is unlikely to be achieved. This again suggests that in future there should be more emphasis on informing existing health staff of the co-worker's proposed role and the aims of the project.

Co-workers as a catalyst for change

Although some health professionals saw changes in working patterns, others reported that for a number of reasons the bilingual support workers had had little impact. In one department working practices did not change and they have continued to use health advocates. This was done as the co-worker was not available at all times and they felt confident in using health advocate as they knew the routine of the department.

This example serves to illustrate another misunderstanding within the project. There was never an intention that the use of co-workers should replace that of health advocates. As previously described the two roles are distinct and should be used to complement each other. To view the two as exclusive shows some misunderstanding of the co-workers' role.

From interviews with the health professionals it did seem that the departments which had fully integrated the co-workers into the department, and had given them a defined role, with the necessary support to fulfil this, reported the greatest benefits, impacts, and changes to patterns of working. Again this point serves to illustrate the importance of the implementation of the project, and the integration into the team of the co-workers, if the project is to achieve the desired impact.

All the health professionals felt that they were still in the learning process in setting up this new project and that they were continually working towards achieving better working practices with other health staff and the co-workers. Although it appears that many problems have resulted from the way the project was implemented, there is still much which can be learnt from the good practice of other projects.

Continuation strategies

It was anticipated that the co-workers would be well established by the end of SRB funding in March 2001. By this time it was hoped that each department would have secured mainstream or other funding, and so would be able to continue employing co-workers.

When asked, all health professionals confirmed that they would like to continue employing co-workers, yet despite this none had, as yet, located mainstream support beyond the SRB funding. At the time of the research three of the five health professionals were unable to say where further funding for the project would come from whilst two said that they were considering which funding bodies they could approach.

Despite this uncertainty, all co-workers are still in position although the SRB funding has finished. In general their salaries are now met out of mainstream health funding.

Health professional did report some difficulty in finding this alternative funding at the time of the fieldwork. Some saw a role here for the SRB programme support team to provide assistance. Health professionals, as seen with the implementation of this project, are unlikely to have the experience, knowledge, or time to be able to effectively locate funding for such a project or to get it integrated into mainstream healthcare. If the SRB team, who should have experience of getting projects funded or mainstreamed, are able to get involved this may make the funding searches of the health professionals more productive.

The Co-Workers' Perspective

The majority of co-workers said that they had applied for the job because they were interested by the job description in the advertisement. They were also attracted by the SRB and the NHS Trust's commitment to improving their services for minority ethnic people. This shows that the aims of the co-workers themselves matched those of the project. Co-workers were

interested in assisting their communities, not simply using the posts as a way to access a health career.

Impact of project on services and users

The co-workers identified a range of positive effects the service has had on its service users. The co-workers:

- spoke to service users on the telephone and used a dialect in which the user felt more at ease.

- enabled service users to access services more quickly, as they no longer had to go on the waiting list due to language barriers.

- provided a culturally sensitive service enabling the service users to be more open about their health needs.

- found service users often returned to introduce a friend, which is evidence that ethnic minority patients recognise the usefulness of the service.

The role of the co-workers and implementation of the project

Of the nine co-workers interviewed for this evaluation, eight were still working for the project. Those who were still working were employed in a variety of roles.

- One co-worker is now working in a community setting, giving one to one advice and information to mothers with children under five years old.

- Three assist with health staff therapy sessions.

- Two are assisting in the provision of clinical support to people who live in the community.

- Two are working as nursing assistants, providing nursing care in an institutional setting, such as in hospitals.

Despite this variety of tasks, some co-workers reported that they were unhappy with their role, and thought their impact had been limited. Even though seven of the co-workers had been in post for over a year, five said that they still felt that they were not yet being used to their full potential.

All the co-workers interviewed felt there had initially been little in the way of a proper integration into the service, and that there was no guidance from their manager on how they would work. They said that managers' understandings of the job and expectations of their roles and duties as bilingual co-workers did not necessarily relate to the job description. Within one of the healthcare teams two co-workers were still waiting for their line manager to explain how their role would be incorporated into the existing

service. One co-worker, who was previously employed within the health department, was still waiting for her new job description.

Another problem reported concerns the dual demands on the co-workers between translating and nursing duties. Co-workers report that their supervisors often make very different demands on their time, depending on their perception of the needs of the department.

These reports agree with the findings from the interviews with health professionals and demonstrate that the problems experienced in implementing the project were also evident to the co-workers and had an impact on their work.

The workload of the co-workers

In addition to these problems, other support workers mentioned dissatisfaction with the actual workload they were given.

Of the nine co-workers, six said that they were still used to translate letters, leaflets and posters. They did not see this as being their job, and said that they were not paid to undertake this type of work. They argued that they were being used as a cheap alternative, as this type of work would cost the department a considerable amount of money if they were to use external services.

One co-worker was concerned about being asked to perform certain linguistic tasks for which she was not trained. Such tasks would include duties such as being asked to explain a legal document to a service user, with the service user signing the document based on the co-worker's explanation of the document. Sometimes the co-worker said that she did not understand the document and was uncertain about the legal implications of the user signing the document.

One trend which seems to have emerged was that, where the co-workers were new to the health service, they appeared to be used primarily to translate and interpret. On the other hand, the two co-workers who were previously employed as nursing staff remarked that their language skills were seldom used. An explanation for this pattern was given, as the latter pair of co-workers were placed in a department where a large proportion of staff already spoke the different community languages and came from the same cultural and religious background as the service users.

Despite this explanation, there is some concern that in neither case did the workload of the co-workers appear to strike the intended balance between healthcare and linguistic work.

Undervaluing of co-workers skills

In many cases co-workers felt that they were given inadequate responsibility and insufficient opportunity to use their skills and experience. Six of the nine co-workers felt that the staff in their department did not know much

about their previous work history and as a result their language skills were the focus of their duties in the department.

Co-workers mentioned that often, when supplied with a bilingual co-worker, health professionals did not know how to best use them and just expected the same service as from a translator.

The co-workers were employed at nursing grade 'B level' or equivalent. Of the nine co-workers, two had previous nursing experience, and two had health advocacy work experience. The remaining co-workers had experience working in the community, including working with organisations, which offer services to refuge and asylum seekers and victims of domestic violence. With such experience, the support workers felt they had the skills needed to contribute in a useful way to the health related activities of the teams they worked in, yet in general the feeling was that they had not been given the chance to do this.

These points again suggest a need for education for those who will work with co-workers to understand the role and the skills co-workers can bring to a situation above that of a translator.

Integrating into the team

Three co-workers felt that they had become established within their section of the multidisciplinary department and although there were still barriers, they had begun to work in a way which was having an impact and where they could use their skills.

The other six co-workers said that, although there had been some progress made to tackle initial difficulties, there were still some problems persisting with their integration into the project. If the co-workers are to fulfil their potential to create change, they must be fully integrated into the health service and so these problems need to be resolved.

One co-worker felt that there was some resentment from working colleagues who did not understand the importance of providing language support. As a result some staff perceived the support workers as having preferential treatment in the form of the extra pay they received for providing this service. This co-worker also commented that regular staff thought she was making excuses not to work when she was away performing language duties.

Three of the co-workers reported an element of tension and perceived racism within their department; one co-worker said that her line manger was rude and treated her poorly, making her feel demoralised. Another co-worker said that the manager of one of the multidisciplinary teams had made a racist remark in one of the team meetings but refused to explain this comment when challenged by the co-workers. The co-workers suggested that the NHS trust promotes internal discussion on the issues of racism in order to resolve such problems.

The attitudes of other staff towards the co-workers were varied. Six co-workers reported that some health staff were more willing that others to learn from their knowledge of the different cultures in the local community.

It became evident that some of the multidisciplinary teams were more willing than others to collaborate with the co-workers and to take full advantage of their skills. This could be effected by many factors, including team members, the workload, existing language skills and practices etc. The co-workers recognised that their line manager was often powerless to make some of the changes, for example to intervene where other teams were unwilling to make full use of the skills co-workers could provide.

Another factor was reported to prevent support workers from being fully integrated in health teams. All five co-workers who worked part-time hours mentioned that working in this way placed them in a disadvantageous position within the team, where they are unable to build a good working relationship with the other members.

Two said that they felt that their role as bilingual workers were continually undermined and undervalued by certain sections of the multidisciplinary team and one said that she still did not feel part of the team, even though their manager was supportive of the project and their work.

Working practices

In those departments which had managed to integrate the co-workers into the service, the research often found that teams involved the co-workers in discussion prior to actually meeting the service users. Other support workers found that members of the team would continue to work with them in ad hoc ways. Two co-workers said that some of the team members did not always involve them at the beginning of a case. For example, they said that they had been:

- called to assist half way through a session with the service user, when the health staff was no longer able to communicate.

- asked to attend only a selection of sessions with a certain patient.

- called only after an unsuccessful home visit where the health professional found they were unable to communicate with the service user.

- Asked to assist with a patient only when the department had trouble with the service user's attendance.

This suggests that at times the co-workers have been used as an emergency measure, rather than as an integrated part of the service. Where co-workers are only called upon after a problem has arisen, or where there is irregularity in the availability of this provision, the quality of the health service provided for minority ethnic groups is little improved.

Some of these problems are likely to have been teething troubles in the early days of the project, yet the comments of some support workers suggest that such practice still continues.

It is important that the multidisciplinary teams learn from their experiences of working with co-workers and establish an informal code of practice whereby health staff approach the co-workers well in advance to discuss the meeting and give the co-worker background information and time to prepare.

Training needs

Although the co-workers had different types of experiences working in the community, they all thought that more initial training should be provided into the precise services the hosting department offered. Such an introduction could easily be incorporated into the more through induction recommended earlier in this report.

Pay

Although their pay does take some account of the dual skills the co-workers bring to the job, many of the co-workers still expressed dissatisfaction with the wages they are paid.

The primary cause for concern is that the co-workers see their role as including nurse, translator and counsellor, yet their salary only rewards them for one of these roles. Bilingual co-workers have expressed a desire to see their work more fully rewarded, especially as, when they are unable to assist, expensive translators are called in who will be paid more in that hour than the co-worker could earn in a day.

Job security

Only two of the co-workers, those who had previously been employed as nurses within their teams, were employed as permanent staff. The other support workers were unsure at the time of fieldwork of their position in the department beyond the end of SRB funding in March 2001.

Although the two or three year contracts offered are not in any way unusual, the main disadvantage for co-workers appeared to be the uncertainty of not knowing whether their post would be extended or not, preventing them making solid plans beyond March 2001.

Such uncertainty is likely to strongly affect the morale of a workforce, and has been mentioned by co-workers both as a barrier to them getting their job done well, and as a barrier to them going on health related training. It is recommended that the support workers are kept informed of discussion in this area so that they are at least aware of any moves to obtain future funding for the project.

Support

The co-workers interviewed felt that there was a strong need for support in their role. Initially this was provided by a 'peer group' meeting where the co-workers could meet and discuss their common experiences. The group leader would then feedback to the SRB and NHS Trust staff, which would provide further assistance if needed.

Unfortunately the leader of this group left the organisation shortly after the group was set up. A subsequent group leader also left, and this disruption appears to have affected these meetings. Interviews with the co-workers found that there had been a lack of understanding of the purpose of the meetings and they have had little impact on meeting their needs. The communication link with the SRB project manager was also severed when co-workers asked that the discussion in the meetings remained confidential.

The meetings appear to have been used to discuss problems they were experiencing in their every day work. From the viewpoint of the co-workers the information was not taken seriously, nor did any action arise from their concerns. The group leader, when interviewed, reported that she felt placed in a position where she did not have the power to bring about change. This postholder had only been in position for a few months and so this opinion may reflect this recent arrival.

It may be that the co-workers misunderstood the real purpose of this group, explaining their dissatisfaction with the group as a route to change. Issues from everyday work, although good to share with other co-workers, really had to be dealt with through the individuals' line manager or supervisor, not through the SRB co-working discussion group which only had the power to deal with issues affecting all co-workers.

At the time of the research the co-workers said that they felt isolated within the service and that they would like more support from both SRB staff and the Health Service Trust. Significantly they said that they would like:

- the aims and objectives of the project to be explained to each section of the multidisciplinary team.

- some additional support in encouraging health teams to provide a culturally sensitive service.

- to receive advice and support on the difficulties they were experiencing.

They frequently mentioned the lack of emotional support, in what can often be a very traumatic situation for the co-workers. It seems that co-workers are often unable to turn to their supervisor for such assistance; five co-workers said that their line manager was usually very busy and as a result they were unable to discuss all of their concerns in supervision meetings. It may be that a separate point of contact, with the time to give support of this nature to the support-workers, may need to be provided, at least until they have become settled into their post and role.

Clearly the problem of support, especially on an emotional level, is one which is prevalent in the health service as a whole, not just for the co-workers. Although the problem must be tackled on a wider basis, there is possible a greater need for emotional support for co-workers as they have not been through prolonged medical training, which should have taught them some coping strategies for stressful situations.

Issues of confidentiality and confused loyalty

These two issues have both been raised by co-workers as a barriers to them completing their job with full effectiveness. Some co-workers have found themselves in difficult situations where, as a result of the language barriers, they do not know whether they are representing the service user of the service provider. For example one co-worker experienced a patient, who could speak some English, who would speak in the native language to the co-worker in order to exclude the health professional. In such instances co-workers report an uncertainty as to whether to later pass this information on to health professionals.

The situation can get tricky, especially when clients ask the co-worker not to pass certain information to the health professional, or where the health professional demands a more full and proper explanation of the translation given.

Although there is no easy solution to this problem, and to decide either way will have disadvantages and problems, it is likely that this issue needs to be resolved so that the loyalty of the co-workers lies clearly on one side, with the client or the service provider. In this way the workers on the ground will know the policy and be able to act accordingly.

Local recruitment

In addition to these problems witnessed by the co-workers, the findings of the interviews with support-workers showed that the aim of recruiting local people also had not been met. Although some jobs have been created, three of the nine co-workers interviewed did not live locally. It has been seen that there were great problems in finding recruits for the project so it is likely that these two failures are connected, with more non-local co-workers being employed to 'make up the numbers'.

Responses from Service Users

Due to the problems accessing service users, only six could be contacted for this research. Those who did take part felt that it was a good thing to have a service where people from the same background are able to deliver a service to them. Below are examples of the comments the service users made about the project:

- 'I can speak in a dialect that the co-workers understands'.

- 'It is very useful to have someone of the same background'.

- 'The co-workers give me advice and are more helpful than the other staff who are not of the same culture'.

- 'The co-workers understands my cultural needs'.

- 'When I have problems with my family I can express concern to the co-worker and they will understand'.

- 'Non-minority staff usually lack sympathy and they do not understand my culture'.

- 'The co-workers understand more about my health and my child'.

- Some service users said that they previously were not truly aware of the health issues because of the language barrier.

- Some non-ethnic minority staff may give advice which may not be acceptable in some cultures. Co-workers would understand these differences more, and thus be able to give appropriate advice.

These comments suggest that cultural needs are seen as important to the service users and that service users feel that they receive a better health service where health staff understand their culture.

The positive nature of these comments illustrates that the co-worker's impact is noticed and valued by the service users.

CONCLUSIONS AND FUTURE CONSIDERATIONS

The findings suggest that the project addresses a real need, but that some important lessons can be learnt.

Benefits for Service Users

The findings show that co-workers can assist in providing real benefits for minority ethnic users of the health service, as is illustrated by the positive comments received from service users. One of the primary benefits of co-working over a simple translator is that they can provide a better cultural insight, being from the same community as those they are speaking with.

Having a health training enables communication to take the form of an informed discussion between the co-worker and the patient which can then be passed back to the health professionals, rather than directly translating the words of the health professional and client to each other.

Ways to maximise the impacts on service users

A number of problems have been identified during the two years the project has been running. By reacting to these the project should be able to maximise the future impact for service users.

Firstly the project needs to look at the induction and integration of support-workers. The co-workers' role needs to be well defined and detailed, striking a balance between the roles of translator and health professional, and fully using the skills of those recruited.

Secondly, others working within the team need to be informed of the role of the co-worker, the aims of the project, and of the procedure for involving the co-worker in their day to day work.

Thirdly service users should be consulted when making an appointment as to which language they would like the appointment to be conducted in. Service users should not simply be allocated to what is thought to be most appropriate.

If the service user requests the bilingual co-worker, the co-worker should then be involved at all appointments with that client, where possible. If the service is to be provided it is important that this is consistently available.

Finally, co-workers must be given more support if they are to continue being effective at their jobs. This must both be in terms of a network of support about the job itself, and also some form of emotional support. The regular co-workers meetings seem to offer a good opportunity for this and so it seems that some effort should go into seeing if these can be strengthened through more support from the NHS trust. It may be that some additional service needs to be provided to give emotional support etc., possibly by

better advertising and making better use of any support and counselling facilities already provided within the NHS.

Benefits for the health services

The project has also had a number of benefits for service providers. By providing a cultural insight into the communities they serve, combined with some medical training, the project can offer that health team a level of understanding which has not been available previously.

Also by providing the co-workers with further medical training it is hoped that this position will be the first step on a career which progresses through the health services, resulting in a service which is provided by a workforce more representative of the ethnic origins of the population served. In this way the bilingual project is hoped to lead to a heath service which is more ethnically diverse and so is better at communicating and serving its users.

Barriers to achieving these benefits:

Firstly, to enable this to be fully effective, co-workers should be given initial training in the work of the health department, to bring them up to speed on the type work they will be doing. Without this the support worker will be able to offer little beyond what an interpreter or health advocate could provide. Co-workers are currently given some training, but this does not seem to be seen as enough by the workers themselves.

Secondly the teams who will work with the co-workers really need to understand the aim of making the service more accessible. If the principle is not understood, with an understanding of how the co-worker can achieve this, the health service will be unwilling to learn from and adopt the changes the co-workers can bring.

Thirdly, if the project is to have a real impact on the number of ethnic minority workers in the health services, it will be essential to increase the number of recruits. If the project is to be a visible force within Newham's health services, further funding will need to obtained to allow the project to take on much greater numbers of co-workers.

The co-workers' position within the health service also needs to be examined. A post which is little understood, low in rank, poorly paid, and part-time, is unlikely to be the ideal base from which to stimulate change. The position of support-workers may need to be more prominent, and certainly better publicised and explained, if they are to act as a catalyst for a better understanding within health services. Modifying the pay of co-workers, or raising their profile, may give them better status within the health service and so provide a better platform to showcase the new ways of working they practice.

It seems that the setting for co-workers needs to be carefully examined. In some cases within the study, it appeared that bilingual co-workers had been employed in departments where ethnic origins of the staff already matched

those of the client population. As a result the co-workers were able to make little impact. Given that a project such as this has limited resources, it may have been more wise to target the resources for those departments which were less well matched and thus needed more assistance.

Senior health and SRB funded staff could review the implementation of the co-workers project and consider:

- giving support and training to health professionals to integrate the co-workers into their team.

- providing guidelines on how the project should work to ensure that co-workers are not marginalised and undervalued.

- employing co-workers full-time instead of part time, and increasing their wages.

- establishing formal mechanisms for feeding back lessons learnt by health staff in their work alongside co-workers and sharing 'good practices'.

- putting into place training programmes for all staff into providing an understanding, multi-cultural and multi-ethnic service.

- raising awareness of the service to service users.

- developing an action plan for retaining co-workers once they have achieved their health-related qualifications and a strategy for incorporating co-workers into mainstream services.

- develop a clear understanding about how to bring about changes in each department to provide an equal opportunity service. It may be that using co-workers may not always be the most appropriate solution to the problem and other types of interventions may be more suitable, such as recruiting minority ethnic staff at assistant level with language skills, where they could train toward a professional qualification.

- give more prominence to the issue of culture and religion and for this reason the title of the project could be renamed to reflect this and to concentrate less on the bilingual/language skills.

Bibliography

Alexander, Z (1999) *The Department of Health, Study of Black, Asian and Ethnic Minority Issues.*

Chu, Clara M. (1999) *Immigrant Children Mediators: Bridging the Literacy Gap in Immigrant Communities,* UCLA Department of Library and Information Science, USA.

Commission for Racial Equality (2000), *Racial Equality and the NHS Trust*, London.

Commission for Racial Equality (1992), *Race Relations Code of Practice in Primary Health Care Services,* London.

Commission for Racial Equality (1997), *Race, Culture and Community Care. An agenda for action,* London.

Department of Health (1999) *Saving Lives: Our Healthier Nation,* The Stationary Office. London.

Fitzpatrick, F. (1987) *The Open Door,* British Library Cataloguing in Publication Data, England.

Fortier, J. P. (1997) *Diversity,* Ann Morse, United State of America.

Johnston, JA (1993*) Improving utilisation of dental services by understanding cultural differences,* Institute Dental Journal, England.

Karseras, P. and Hopkins E. (1987) *British Asians Health in the Community,* Library of Congress Cataloguing-in-Publication Data, Great Britain

Lee, B. et al (1998) *Improving the Health of Black and Ethnic Minority Communities, a North West of England Perspective,* Sexual Health and Environmental Epidemiology Unit, Liverpool.

LRC/GLA, (1999) *Ethnic Group Projection, Estimate given for year 2000,* information available at GLA Research and Information Department telephone: 020 7983 4613.

Mason, D. (2000), *Race and Ethnicity in Modern Britain,* (Second edition), Oxford University Press Inc., New York.

Merry, P (1999) *Wellard's NHS Handbook 1999/2000,* (Fourteenth Edition), JMH Publishing, Kent.

Rack, P (1982) *Race, Culture and Mental Disorder,* Tavistock Publications Ltd New York

Rahman, M. et al (2000) *Monitoring poverty and social exclusion 2000,* Joseph Rowntree Foundation, York.

Social Exclusion Unit (2000) *National Strategy for Neighbourhood Renewal: a framework for consultation.*

Yin, R. (1994) *Case Study Research Design and Methods*, (2nd Edition) sage Publication Inc., United state of America.

RECENT CIS COMMENTARIES

84 **Women's organisations in the UK Voluntary Sector: A force for social change**
Siobhan Riordan
July 1999 ISBN 1-902494-13-X £8.50

85 **Lea Bridge Gateway SRB: An assessment of business activity and needs**
Neil McInroy
July 1999 ISBN 1-902494-12-1 £8.50

86 **Gradient: A report on desk research on developments in higher education to help graduates set up their own business**
Ginny Eley
August 1999 ISBN 1-902494-15-6 £8.50

87 **South Leytonstone SRB: A Contract for Change**
Rebecca Fearnley and Fiona Roberts
July 1999 ISBN 1-902494-17-2 £5.00

88 ***Lea Bridge Gateway SRB: an evaluation of the Customised training initiative***
Neil McInroy
August 1999 ISBN 1-902494-17-2 £5.00

89 ***Evaluation of the Towards Employability SRB: Year 2 report***
Rebecca Fearnley, Fiona Roberts and Vikki Rix
August 1999 ISBN 1-902494-19-0 £8.50

90 ***"Evaluation of the Fit for Work SRB Provider Development Project"***
Julie Shepherd
September 1999 ISBN 1-902494-19-9 £5.00

91 ***Evaluation of the SRB Fit for Work Support Worker Training Project***
Vikki Rix
October 1999 ISBN 1-902494-00-8 £5.00

92 ***Lea Bridge: Gateway To Opportunity Baseline update and progress report***
Alice Sampson
December 1999 ISBN 1-902494-01-6 £8.50

93 ***South Newham: Towards an understanding of Racial Violence and Harassment and its prevention:***
Alice Sampson, Julie Shepherd and Marilyn Vaz
April 2000 ISBN 1-902494-03-2 £8.50

94 **Evalu*ation of the Lea Bridge Gateway SRB Neighbourhood Agenda 21 Project***
Rebecca Fearnley ISBN 1-902494-02-4 £8.50

95 ***South Leytonstone SRB: Evaluation of the Crime Prevention Programme***
Rebecca Fearnley and Amanda Tucker

TBP ISBN 1-902494-04-0 £8.50

96 ***'A lot of friends. A lot of appreciation and a phone that never stops ringing': Voluntary action and social exclusion in East London - a pilot study***
Michael Locke, Alice Sampson and Julie Shepherd
December 2000 ISBN 1-902494-07-5 £8.50

97 ***Green Street SRB: Fifth Year Impact Evaluation***
Alice Sampson, David Sloan and Amanda Tucker
March 2000 ISBN 1-902494-06-7 £8.50

98 ***Football and Social Inclusion: The Thames Gateway Youth Project***
Vikki Rix, Alice Sampson, David Sloan
April 2001 ISBN 1-902494-08-3 £8.50

99 ***Bilingual Research***
Hywell Dinsdale, Sharon Robinson
April 2001 ISBN 1-902494-09-1 £8.50

Address orders to:
Centre for Institutional Studies
University of East London
Maryland House
Manbey Park Road
Stratford
London E15 1EY
England UK

Telephone: 0208 223 4290
Fax: 0208 223 4298

£1.50 POSTAGE AND PACKING FOR EACH COMMENTARY REQUESTED, CHEQUES SHOULD BE MADE PAYABLE TO UNIVERSITY OF EAST LONDON

CIS Commentary No 99

Published by
University of East London
Centre for Institutional Studies
Maryland House
Manbey Park Road
London E15 1EY

2001

ISBN 1-902494-09-1